Behavioral Rapid Response Team (BeRRT)

An Early “BeRRT” Keeps the Peace
Behavioral Rapid Response Team (BeRRT)
An Early BeRRT Keeps the Peace

• Problem:
  Nursing Staff reports feeling unsafe due to lack of structure to manage an increase in patients’ agitation and disruptive behaviors
Evidence of Increase in both verbal and physical disruptive behaviors
• **PURPOSE:** To initiate early interventions, promote safety, and prevent escalation with potential anger towards patients, staff and others on the BHU, a Behavioral Rapid Response Team comprised of interdisciplinary staff brings critical assessment and intervention skills to the situation.

• **DEFINITION:** Psychiatric Emergencies, for the purposes of this policy, are defined as any behavior which is escalating and potentially harmful to self, others, and/or to property.
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• POLICY: To protect individuals in acute crisis from harm to themselves, others and or property. Staff will ensure every effort to employ the least restrictive alternative to assist the patient to maintain safety and regain self-control.

• GOAL: Safety through early interventions and least restrictive measures.
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• EVALUATION:
  INCREASE in:
  STAFF SATISFACTION of unit safety
  PATIENT SATISFACTION with Nursing, MD, and Treatment Team

  DECREASE in:
  Restraint use
  Seclusion use
  Staffing requirements (1:1)
  AMAs
SNHMC IBHS Patient Satisfaction Press Ganey Survey Results Comparison 6/30/08 to 6/30/09  
with the creation and implementation of the Behavioral Rapid Response Team (BeRRT)

<table>
<thead>
<tr>
<th>Section</th>
<th>Mean Score 1/1/08 to 6/30/08</th>
<th>Mean Score 1/1/09 to 6/30/09</th>
<th>Improved</th>
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<tr>
<td>Overall Rating</td>
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<tr>
<td>Nursing</td>
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<tr>
<td>MD</td>
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<td>Treatment Team</td>
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<td>Program Activities</td>
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<td>Discharge</td>
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<tr>
<td>Overall Assess</td>
<td>84.3</td>
<td>88.0</td>
<td>+3.7</td>
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Note: Improved scores indicate improvement from 1/1/08 to 6/30/08 to 1/1/09 to 6/30/09.
Restraints - BHU

Single Episode per Patient by Patient Days

2006 Mean = 1.35
2007 Mean = 1.89
2008 Mean = 0.86
QIP Mean Q108 = 3.3
Readmissions Within > 24 Hours but < 72 Hours of Discharge

- 2007 Mean = 2
- 2008 Mean = 3
- 2009 Mean = 1

Readmissions Within > 72 Hours but < 7 Days of Discharge

- 2007 Mean = 3
- 2008 Mean = 3
- 2009 Mean = 1

JANUARY 2007 - JULY 2009

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<th>Year</th>
<th>Jan</th>
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<th>Mar</th>
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• Trigger:
  Staff observes change in patient behavior with potential for escalation
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- **Response:**

  Call a “BeRRT”  
  and hold a  
  **Strategy Huddle**
Staff Assume BeRRT Roles:

- SM = Station Management
- NM = Negotiation / De-escalation / Medications
- ST = Safety Team
- MM = Milieu Managers
Staff Assume BeRRT Roles:

- Station Manager
  - Communication Liaison
  - Calm Overhead page BeRRT as with any request of patient or staff to come.

“Bert to the staff station”
Staff Assume BeRRT Roles:

- Negotiation / De-escalation / Medication Managers
  - Front Line
Staff Assume BeRRT Roles:

• Negotiation/
  De-escalation/

Medication Managers with

• Safety Managers
  – Visible presence
Staff Assume BeRRT Roles:

- **Milieu Managers**
  - 15” Checks
  - Bag of Group Activities
  - Calmly engage all other patients
Behavioral Rapid Response Team (BeRRT)
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- De-escalation & Debrief

- Shift Huddle
  - Consistency
  - Unit safety
  - Treatment plan

- Keeping the peace
BeRRT EVALUATION: KEEP PEACE and PRODUCE POSITIVE OUTCOMES
As evidenced with:

INCREASE in:
STAFF SATISFACTION of unit safety
PATIENT SATISFACTION with Nursing, MD, and Treatment Team

DECREASE in:
Restraint use, Seclusion use
Staffing requirements (1:1)
AMAs and Readmission rates